

AUTHORIZATION

STATE AID

Does Your Library Wish To Apply For State Support?

Yes ☐

No ☐

REPORT COMPLETED BY

This Report Has Been Completed by:

Name

Position

Date

CERTIFICATION

I hereby certify that to the best of my knowledge the information contained in the Annual Report of Public Libraries - Application For State Support is true for

PENDLETON

County for the fiscal year ending June 30, 2019

President/Chair, Library Board

Date Signed

Notary (Notary cannot be a signatory for any other position on this page)

My Commission
Expires

RECEIPT OF CERTIFIED ANNUAL REPORT

I Hereby Acknowledge Receipt of Certified Annual Report

County Clerk

County Judge Executive